



Friends of All Animals adoption application



Please print clearly in ink only, all information must be filled out in its entirety

Name of Cat(s) to adopt: _____ Date: _____

Applicant (s) Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

Employer Name: _____ Phone: _____

Present & Past Veterinarian: _____ Phone: _____

Please list 2 references **not related** to or residing with you at this time

1st Reference: _____ Phone: _____

2nd Reference: _____ Phone: _____

How many adults are in the household? _____ Children under the age of 18 in the household _____

Adult's Age: _____ Children's Age: _____

Please check below one of the following to your housing situation at present time.

Own/Buying Your House _____ Apartment _____ Duplex/Condo/Townhouse please circle one _____

If renting, we will contact your landlord

Landlord's Name: _____ Phone: _____

Who will have responsibility for this adopted pet? _____

When out of town, who will take care of the pet(s)? Please provide information below: name, phone number and the relationship to the family such as; Aunt, Uncle, Family Friend, Parent

Name: _____ Relationship to you: _____ Phone: _____

Do all family members agree to this adoption? Yes ___ No ___

Are any family members allergic to cats? Yes ___ No ___

Cats required yearly vaccinations - are you aware of this? Yes ___ No ___

Will this pet be kept Indoor ___ indoor/outdoor ___ outdoors only ___

If you need to move/relocate, will the adopted pet be going along with you? Yes ___ No ___ if the answer is No, would you notify "Friends of All Animals" ahead of time? Yes ___ No ___

Please list all pets along with name, age, sex, spayed/neutered that reside at your present home

Type of animal/breed _____ Name _____ Age ___ Sex ___ Spayed/Neutered Yes ___ No ___

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Have your current cats been tested for the following: FIV (Feline Aids) FEL-V (Feline Leukemia) Yes ___ No ___

If the answer is No, you will need to have your cats tested for FIV (Feline Aids) FEL-V (Feline Leukemia).

You must be 18 years or older to adopt - are you? Yes ___ No ___

To adopt an animal is a great personal and financial commitment. Along with every day care such as food, clean up, shelter, and veterinarian care, that can cost tens to hundreds of dollars a year, throughout the cat's life expectancy of 15 to 20 years on the average. Are you willing & able to make this commitment? Yes ___ No ___

By signing this application, you certify that all information is true, and that any false information may void this adoption application.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Phone 717-272-6466 or fax us at 717-376-0474 and you may also e-mail us at gloria@lmf.net or foaa@lmf.net with any questions.

By adopting, you may receive a free membership with newsletters for 1 year. Yes ___ No ___
The next year you will receive notification to renew your membership for \$20.00

Don't forget to visit us often at www.friendsofallanimals.org

Thank You,
Gloria Pushnik, President